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May 13, 1999 8:00 am
Secretary of State

05-13-1999 90015 028 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # F94000001631 (0) ✓
 1. Corporation Name
ADVISORS' MUTUAL SERVICE CENTER, INC.

Principal Place of Business
250 AUSTRALIAN AVE S
STE 1800
WPB FL 33401
US

Mailing Address
PO BOX 24777
~~SUITE 300~~
WPB FL 33416-4777
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21
 Suite, Apt. #, etc.
 22
 City & State
 23
 Zip
 24

2a. Mailing Address
 26
 Suite, Apt. #, etc.
 27
 City & State
 28
 Zip
 29
 Country
 30

P.O. Box 24777
WPB FL
33416-4777
U.S.

3. Date Incorporated or Qualified
03/31/1994

4. FEI Number
38-2369128

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
KAMINSKI, DENNIS S
250 AUSTRALIAN AVE. SOUTH
SUITE 1800
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City
 85 Zip Code
FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P	1.1 TITLE
NAME	DIXON, JOHN L	1.2 NAME
STREET ADDRESS	11043 THYME	1.3 STREET ADDRESS
CITY-ST-ZIP	PALM BEACH GARDENS FL	1.4 CITY-ST-ZIP
TITLE	S	2.1 TITLE
NAME	KAMINSKI, DENNIS S	2.2 NAME
STREET ADDRESS	13632 BRIGHTSTONE ST	2.3 STREET ADDRESS
CITY-ST-ZIP	WELLINGTON FL	2.4 CITY-ST-ZIP
TITLE		3.1 TITLE
NAME		3.2 NAME
STREET ADDRESS		3.3 STREET ADDRESS
CITY-ST-ZIP		3.4 CITY-ST-ZIP
TITLE		4.1 TITLE
NAME		4.2 NAME
STREET ADDRESS		4.3 STREET ADDRESS
CITY-ST-ZIP		4.4 CITY-ST-ZIP
TITLE		5.1 TITLE
NAME		5.2 NAME
STREET ADDRESS		5.3 STREET ADDRESS
CITY-ST-ZIP		5.4 CITY-ST-ZIP
TITLE		6.1 TITLE
NAME		6.2 NAME
STREET ADDRESS		6.3 STREET ADDRESS
CITY-ST-ZIP		6.4 CITY-ST-ZIP

APPROVED
APR 22 1998
JWP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Handwritten Signature]*